Customer Service

Office locations - 7447 E. Indian School Road, Suite 110

Scottsdale, Az. 85251-4468

9379 E. San Salvador Dr, Suite 100 Scottsdale, Az. 85258

Mailing Address - 3939 N. Drinkwater Blvd.

Scottsdale, AZ 85251-4468

Telephone - (480) 312-2400

Account Number

APPLICATION TELETRACK WAGERING ESTABLISHMENT LICENSE



FOR CASHIER USE ONLY		
Application Fee:		
License Fee:		
Fingerprint Fee:		
Total Due:		

Date License Issu	ued	بالميييين		
	BUSINESS NAME. BU	JSINESS TELEPHONE, BUSIN	NESS LOCATION	
	,	,		
BUSINESS NAME (Individual, Company of	or "DBA", first name first)		Area Code Business Teleph	ione No.
STREET NO. (N,E,S,W)	STREET NAME		Type STE./APT. NI (ST.DR.AV.)	JMBER
City	State	ZIP		
	BUSINESS MAILING ADDRESS	EMERGENCY TELEPHONE	AND APPLICANT NAME	
	BOSINESS MAILING ADDRESS	, EMERGENCI TELEITIONE	AND ATTEICANT NAME	
STREET NO. (N,E,S,W)	STREET NAME		Type STE./APT. NUME (ST.DR.AV.)	JER
City	State	ZIP Area Co	ode Emergency Number	
APPLICANT NAME (Individual o	or Corporation/Partnership operating	business. (first name first)).		
EMERGENCY CONTACT PERS	:ON			
			PHONE:	
			1110112	
	BUSINESS OW	NERSHIP AND RECORDS LO	CATION	
	BOSINESS ON	NERSHII AND RECORDS EC	SCATION	,
			DATE INCORPORATED_	
TYPE OF OWNERSHIP: INDI	VIDUAL PARTNERSHIP	CORPORATION	STATE INCORPORATED)
CORPORATE STATUTORY AG	ENT OR AGENT AUTHORIZED TO	RECEIVE SERVICE OF PROC	CESS:	
NAME				
DESCRIBE NATURE OF BUSINI	ESS			
LIQUOR LICENSE: STATE #	SCOT	TSDALE #		
Name(s) of owner(s) partne	er(s) officer(s) shareholder(s) of	f 10 % or more, and nerso	n(s) who participate in managem	ent control or not
	.(o), omoc.(o), charenones.(o) c	r ro 70 or more, and perse	n(s) who participate in managem	one, control of por
Legal Name:	First	Middle	Title	Data of Pirth
		iviiudie	riue	Date of Birth
Residential Address:				
S	Street City	State	Zip Telephone	Shareholder %
Legal Name:				
Last	First	Middle	Title	Date of Birth
Residential Address:				

State

Zip

Telephone

Shareholder %

City

Street

Legal Name:							
-	Last First		Middle	Title		Date of Birth	
Residential Addr							
	Street	City	State	Zip	Telephone	Shareholder%	
		(D) E A OE LIGE A D	DITIONAL DADED IE N	FOFOOADV()			
		(PLEASE USE AD	DITIONAL PAPER IF N	ECESSARY)			
			CONVICTIONS				
Has anyone list	ed ever had any felony	conviction in any	jurisdiction, within	the last 5 years?			
Yes	☐ No	,	•	•			
If yes, you mus	t provide specific informa	tion describing:					
WHO	VHO OFFENSE		WHERE OFFENSE OCCURRED		COURT(S) ENTERED INTO		
				+			
Have you or you or gaming in any If Yes, please giv	100	No 🗌			egulation relating	to racing, wagering	
Have you or you Yes If Yes, please giv	r business ever had any lid No		additional paper if ned		ck activities revo	ked or suspended?	
		(please use a	additional paper if neo	cessary)			
		ADDITIONAL	_ INFORMATION RE	QUIRED			
(1) Written	proof of age.						
		0)	. (0 :				
17) Proof of	a current har (Serie	e KI or roetaiii	rant (Sariae 19)	liquor licanca			

- (2) Proof of a current bar (Series 6) or restaurant (Series 12) liquor license.
- (3) Accurate drawings to scale indicating the floor plan of all buildings on the premises and the precise location of all teletracking facilities and activities.
- (4) Site plan for all buildings and associated parcel lines, including evidence of compliance with Scottsdale Revised Code, Chapter 16, Article XVI, Section 16-500.
- (5) Proof of an agreement between the applicant and each operator for use of the establishment by the operator for teletrack wagering purposes.

ADDITIONAL INFORMATION REQUIRED CONTINUED

- (6) A vicinity ownership map showing and labeling all lots within three hundred (300) feet of the exterior boundaries of the parcel, not including public property or right of way.
- (7) A vicinity ownership list and mailing labels properly addressed, containing names and mailing addresses, with correct zip codes, of owners of all parcels shown on the vicinity ownership map.
- (8) A parking plan showing all parking spaces available for the site, and traffic flow patterns.
- (9) A security plan which may include security guards and other appropriate measures for the protection of patrons, employees and the public.
- (10) Proof that a teletrack operator license has been issued or applied for with respect to each operator who will conduct teletrack wagering activities at the establishment.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

Date:		
		Applicant Signature
	FOR	OFFICE USE ONLY
Recommendation:		
Approval/Denial	Date	Police Department